

CHARGE OF DISCRIMINATION		Charge Presented To:		Agency(ies) Charge No(s)
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information factors concerning this form.		<input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC		423-2015-01214
and EEOC				
State or local Agency, if any				
Name (Include Mr., Ms., Mrs.)		Home Phone (incl. Area Code)		Date of Birth
Mr. Quamy Shabazz		(336) 422-9577		05-25-1964
Street Address		City, State and ZIP Code		
1686 Robinson Street, Jackson, MS 39232				
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others: (If more than two, list under PARTICULARS below.)				
Name		No. Employees, Members		Phone No. (Include Area Code)
JACKSON STATE UNIVERSITY		500 or More		(601) 968-2121
Street Address		City, State and ZIP Code		
1400 John R Lynch St, Jackson, MS 39217				
Name		No. Employees, Members		Phone No. (Include Area Code)
Street Address		City, State and ZIP Code		
DISCRIMINATION BASED ON (Check appropriate box(es).)				DATE(S) DISCRIMINATION TOOK PLACE
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)				Earliest: 11-04-2014 Latest: 11-04-2014 <input type="checkbox"/> CONTINUING ACTION
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):				
<p>On October 13, 2014, I complained to my supervisor about illegal employment practice in that an employee with a different national origin did not get paid. On November 4, 2014, I was terminated from my Associate Director position. I began employment with the above Respondent on August 11, 2014.</p> <p>I believe that I have been retaliated against in violation of Title VII of the Civil Rights Acts of 1964, as amended, in that I was terminated because I complained about an illegal employment practice from the above employer.</p>				
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY -- When necessary for State and Local Agency Requirements*		
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.		
		SIGNATURE OF COMPLAINANT		
		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)		
Date: <u>X</u> Charging Party Signature: <u>X</u>				

EXHIBIT

A

tabbles